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SEP 13 2004

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number: CE30418P
In re Application of	Thomas et al.	
Application Number	09/673,264	Filed December 14, 2000
For	MOBILE COMMUNICATION NETWORK AND METHOD OF OPERATION THEREOF	
Group Art Unit	2681	Examiner Smith, Sheila B.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):		
<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 420.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 950.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1480.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 2010.00
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117		
<input checked="" type="checkbox"/> I have enclosed a duplicate copy of this sheet.		
I am the:		
<input type="checkbox"/>	Applicant/inventor	
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.	
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.: 44,798 )	
<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) 44,798	
September 13, 2004		_____  Signature
_____ Jeffrey K. Jacobs Type or printed name		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of 1 form(s) are submitted	
<b>CERTIFICATE OF MAILING</b>		
I hereby certify that this correspondence is being deposited with the United States Postal Service as Facsimile to: Mail Stop RCE, Commissioner for Parents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: September 13, 2004		
_____ Typed or printed name	Nanette Orr	
_____ Signature		